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TELECOPY COVER SHEET

RAUSCHENBACH PATENT LAW GROUP, LLC  
ATTORNEYS AT LAW

TO: Examiner Gail Kaplan Verbitsky  
AT: United States Patent and Trademark Office  
Art Unit: 2859

TEL: 571.272.2253  
FAX: 703.872.9306

FROM: Kurt Rauschenbach, Ph.D.  
DATE: June 9, 2005  
RE: Response to Advisory Action Mailed on April 29, 2005  
CLIENT: USSN: 10/604,503 (OPN-006)  
PAGES: 11 (Including this Cover Sheet)

COMMENTS.

Dear Examiner Verbitsky:

Following this cover sheet, please find an Amendment and Response, and related documents to the Advisory Action mailed on April 29, 2005 for the above-referenced case.

Please send confirmation of receipt of this facsimile transmission by return facsimile. My fax number is 781.271.1527

Thank you,  
Kurt Rauschenbach

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<b>Complete If Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/604,503
		Filing Date	7/25/2003
		First Named Inventor	Bures
		Examiner Name	Verbitsky
		Art Unit	2859
TOTAL AMOUNT OF PAYMENT (\$) (\$) 450.00		Attorney Docket No.	OPN-006

**METHOD OF PAYMENT** (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other: Two-Month Extension Of Time

450.00

<b>SUBMITTED BY</b>		
Signature	Registration No. (Attorney/Agent) 40.137	Telephone 781.271.1503
Name (Print/Type) Kurt Rauschenbach		Date June 9, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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